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## APPLICANTS

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*None NL*\*\* CONTINUING DATA *None NL*\*\* FOREIGN APPLICATIONS *None NL*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	NY	5	20
Verified and Acknowledged	<i>Name</i>	<i>Initials</i>	Examiner's Signature		3

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## TITLE

ALTERNATING PHASE-SHIFT MASK RULE COMPLIANT IC DESIGN

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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